



## Application Data Sheet

### Application Information

Application number:: 10/722,837  
Filing Date:: 11/26/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: MULTI-FUNCTIONAL SURGICAL CONTROL  
SYSTEM AND SWITCHING INTERFACE  
Attorney Docket Number:: 022001-000902US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Yulun  
Middle Name::  
Family Name:: Wang  
Name Suffix::  
City of Residence:: Goleta  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 370 Vereda Leyena  
City of Mailing Address:: Goleta  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93117

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Charles  
Middle Name:: S.  
Family Name:: Jordan  
Name Suffix::  
City of Residence:: Santa Barbara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2431 Calle Galicia  
City of Mailing Address:: Santa Barbara  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93109

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Darrin  
Middle Name:: R.  
Family Name:: Uecker  
Name Suffix::  
City of Residence:: Santa Barbara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1430 De La Vina, #A  
City of Mailing Address:: Santa Barbara  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93101

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/929,024	09/15/97
08/929,024	Continuation of	08/771,885	12/23/96
08/771,885	Continuation of	08/669,629	06/24/96

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::
PCT	PCT/US97/10158	06/09/97

#### **Assignee Information**

Assignee Name::

• Street of mailing address::

• City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::